THE STATE OF NEW HAMPSHIRE
JUDICIAL BRANCH
http://www.courts.state.nh.us

Court Name: _____

Case Name: _____

Case Number: _____
(if known)

PETITION FOR CONTEMPT

1. Petitioner Name _____

   Date of Birth _____ E-mail address _____

   Residence Address _____

   Mailing Address (if different) _____

   Telephone Number (Home) _____ (Work) _____

2. Respondent Name _____

   Date of Birth _____ E-mail address _____

   Residence Address _____

   Mailing Address (if different) _____

   Telephone Number (Home) _____ (Work) _____

3. List minor children born to or adopted by the parties:

Name	Date of Birth	Name	Date of Birth

4. Please check one of the following regarding public assistance:

   ☐ No public assistance (TANF) is now being or has within the last 6 months been provided, nor is medical assistance (Medicaid) presently being provided for the minor children of the parties.

   ☐ The NH Department of Health and Human Services is providing or has provided within the last 6 months public assistance (TANF) and/or medical assistance (Medicaid) for any minor children of the parties. If you check this box, you must mail copies of this petition and the personal data sheet to DHHS at:

   New Hampshire Department of Health and Human Services
   Division of Child Support Services - Legal Unit
   129 Pleasant Street
   Concord, NH 03301

4. What orders are not being followed?

_____

_____

_____

Date of the most recent Court Order (if known): _____

Explain: _____

_____

_____

_____

(Please attach additional page(s) if necessary.)

6. By filing this petition, you are asking the Court to hold the other party in contempt and order the other party to immediately obey the orders referred to in this Petition. The Court will schedule a hearing on your request.

OTHER REQUESTS:

☐ A. Order the other party to pay attorney's fees (if you have an attorney).

☐ B. Order the other party to pay the filing fees.

☐ C. Other (be specific).

_____

_____

_____

_____

☐ D. Grant any other orders which may be appropriate.

_____
Date

_____
Signature (Sign in front of Notarial Officer)

_____
Attorney (if any)

_____
Attorney's Address

State of _____, County of _____

This instrument was acknowledged before me on _____ by _____

My Commission Expires _____
Affix Seal, if any

_____
Signature of Notarial Officer / Title